

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Ohio Corn Grower's Association/Ohio Soybean Association PAC

ADDRESS (number and street) 918 Proprietors Road
Suite A
 Check if different than previously reported. (ACC)
Worthington OH 43085

2. **FEC IDENTIFICATION NUMBER** C00414326
3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John A Lumpe

Signature of Treasurer Electronically Filed by John A Lumpe Date 10 13 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Ohio Corn Grower's Association/Ohio Soybean Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 30414.40 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 28119.40 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 0.00 | 555.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 28119.40 | 30969.40 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 7000.00 | 9850.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 21119.40 | 21119.40 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Ohio Corn Grower's Association/Ohio Soybean Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 250.00 |
| (i) Itemized (use Schedule A) | 0.00 | 305.00 |
| (ii) Unitemized | 0.00 | 555.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 555.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 0.00 | 555.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 0.00 | 555.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------------|--|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 7000.00 | 9850.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 7000.00 | 9850.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7000.00 | 9850.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 0.00 | 555.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 555.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements and included here may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

| | | | |
|-----------|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Citizens for Carey Mailing Address 401 S. Arkansas Avenue City Wellston State OH Zip Code 45692 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4923 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period 250.00 |
| B. | Full Name (Last, First, Middle Initial) Citizens for Sayre Mailing Address 1045 4th Street SW City New Philadelphia State OH Zip Code 44663 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4921 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period 250.00 |
| C. | Full Name (Last, First, Middle Initial) Citizens for Zehringer Mailing Address 2191 Oak Street City Maria Stein State OH Zip Code 45860 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4937 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8 | Amount of Each Disbursement this Period 250.00 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd</p> <p>Mailing Address 106 N. Main Street</p> <p>City New Lexington State OH Zip Code 43764</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.4905</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens to Elect Sandra Stabile Harwood</p> <p>Mailing Address 2671 Oak Forest</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.4912</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris</p> <p>Mailing Address 1238 Township Road 1506</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.4933</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> |

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Committee to Elect Clayton R. Luckie <hr/> Mailing Address 69 Horace Street <hr/> City Dayton State OH Zip Code 45402 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4916 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 250.00 |
| | Category/ Type |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Committee to Re-elect Jim McGregor <hr/> Mailing Address 133 Misty Oak Place <hr/> City Gahanna State OH Zip Code 43230 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4943 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 250.00 |
| | Category/ Type |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) DAILEY FOR CONGRESS <hr/> Mailing Address 13126 MILLER RD <hr/> City MOUNT VERNON State OH Zip Code 43050 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4898 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 250.00 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | 750.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

A. Full Name (Last, First, Middle Initial)
Domenick for State Representative

Mailing Address 1781 Main Street

City State Zip Code
Smithfield OH 43948

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB29.4908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
Friends of Faber

Mailing Address 7706 State Route 703

City State Zip Code
Celina OH 45822

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB29.4927

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
Friends of Heard

Mailing Address 87 South Hampton Road

City State Zip Code
Columbus OH 43213

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB29.4914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Friends of Jay Goyal <hr/> Mailing Address 2584 Wahl Drive <hr/> City Lexington State OH Zip Code 44904 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: | Transaction ID: SB29.4925 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text" value="250.00"/> |
| B. | Full Name (Last, First, Middle Initial) Garrison for Ohio <hr/> Mailing Address 427 5th Street <hr/> City Marietta State OH Zip Code 45750 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: | Transaction ID: SB29.4939 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| C. | Full Name (Last, First, Middle Initial) Grendell for Good Government <hr/> Mailing Address 7413 Tattersall Drive <hr/> City Chesterland State OH Zip Code 44026 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: | Transaction ID: SB29.4929 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text" value="250.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <input type="text" value="1500.00"/> |
| TOTAL This Period (last page this line number only) ▶ | <input type="text"/> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

| | | | |
|-----------|---|---|---|
| A. | Full Name (Last, First, Middle Initial) House Democratic Caucus Fund Mailing Address 340 East Fulton City Columbus State OH Zip Code 43215 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4910 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period 500.00 |
| B. | Full Name (Last, First, Middle Initial) Okey for Ohio Committee Mailing Address 63 Second Street SW City Carrollton State OH Zip Code 44615 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4919 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period 250.00 |
| C. | Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee Mailing Address 4679 Winterset Drive City Columbus State OH Zip Code 43220 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.4935 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period 1000.00 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Ohio Corn Grower's Association/Ohio Soybean Association PAC

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Schuring for Congress</p> <p>Mailing Address 400 Market Avenue N, Suite 400</p> <p>City Canton State OH Zip Code 44702</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: <input type="text"/></p> | <p>Transaction ID: SB29.4931</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> </p> <p>Category/Type <input type="text"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 0 | 9 | / | 2 | 0 | 0 | 8 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 9 | / | 0 | 9 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 123 West High Avenue</p> <p>City New Philadelphia State OH Zip Code 44663</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 18</p> | <p>Transaction ID: SB29.4894</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> </p> <p>Category/Type <input type="text"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 1 | 9 | / | 2 | 0 | 0 | 8 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 8 | / | 1 | 9 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

500.00

TOTAL This Period (last page this line number only) ►

7000.00